

**Virginia Department of Medical Assistance Services**  
**Technology Assisted Waiver**  
**Fact Sheet 2015**

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<b>Initiative</b>	Home and community-based (1915 (c)) waiver whose purpose is to provide care in the community rather than in a hospital, nursing facility, or other medical long-term care facility.
<b>Targeted Population</b>	Individuals who are dependent upon technological support and require substantial, ongoing skilled nursing care.
<b>Effective Date</b>	December 12, 1988
<b>Administration</b>	The program is administered by DMAS.
<b>Criteria</b>	<p>To receive waiver services, the following criteria must be met:</p> <ul style="list-style-type: none"><li>• The provision of home and community-based care must be determined to be a medically appropriate and cost-effective alternative to facility placement and must be preauthorized by DMAS;</li><li>• Individuals under 21 years of age must be determined to otherwise require acute care hospitalization and score at least 50 points on the designated assessment tool;</li><li>• Individuals 21 years and older must be eligible for adult specialized care placement prior to admission to the waiver;</li><li>• The health, safety, welfare of the individual must be safely maintained in the home when the nurse or personal care aide is not present; and</li><li>• Services cannot be provided to any individual who resides outside the physical boundaries of the Commonwealth.</li></ul>
<b>Eligibility Rules</b>	<p>Individuals in the Tech Waiver must be eligible for Medicaid and meet screening criteria; income limit is 300% of the SSI payment limit for one person. Spousal impoverishment rules apply to this waiver. For children (individuals under the age of 21), this is based on their income and not that of their parents.</p> <p>The individual must:</p> <ul style="list-style-type: none"><li>• Have a doctor certify need for care; and</li><li>• Need substantial and ongoing skilled nursing care and care must be cost-effective; and</li><li>• Have a trained, primary caregiver who provides at least 8 hours of care for each 24-hour day.</li></ul>
<b>Services Available</b>	<ul style="list-style-type: none"><li>• Assistive Technology</li><li>• Environmental Modifications</li><li>• Personal Care – Agency-Directed (participants must be 21 years of age or older)</li><li>• Skilled Private Duty Nursing (RN and LPN)</li><li>• Respite Care - Skilled (Agency-directed)</li><li>• Transitional Services</li></ul>
<b>Exclusions</b>	Individuals may not receive services under any other home and community-based waiver while receiving services under this waiver. Individuals with private duty nursing (PDN) private insurance benefits must use this payment source first. DMAS is the secondary payer.

<b>Service Authorization</b>	For individuals regardless of age, waiver screening is performed by a community-based team (local health and social services departments) or hospital screening teams. A screening team usually consists of a registered nurse, social worker, and a physician. Final waiver authorization, enrollment, and preauthorization of skilled PDN are completed by DMAS Health Care Coordinators. DMAS' service authorization contractor performs service authorization for assistive technology, environmental modifications, and skilled respite care.
<b>Service Limitations</b>	Respite – 360 hours per calendar year EM - \$5,000 per individual per calendar year AT - \$5,000 per individual per calendar year Skilled PDN (private duty nursing) – cannot exceed 16 hours/day
<b>Quality Management Review</b>	DMAS conducts quality management reviews of the services provided and interviews individuals of providers delivering the services to ensure health and safety. Level of care reviews are performed at least annually.
<b>Definitions</b> (12VAC30-120-1700)	<p><b>"Assistive technology" or "AT"</b> means specialized medical equipment and supplies, including those devices, controls, or appliances specified in the plan of care but not available under the State Plan for Medical Assistance, that (i) enable individuals to increase their abilities to perform IADLs and to perceive, control, or communicate with the environment in which they live or (ii) are necessary for the proper functioning of the specialized equipment; cost effective; and appropriate for the individual's assessed medical needs and physical deficits.</p> <p><b>"Environmental modifications" or "EM"</b> means physical adaptations to an individual's primary residence or primary vehicle that are necessary to ensure the individual's health, safety, or welfare or that enables the individual to function with greater independence and without which the individual would require institutionalization.</p> <p><b>"Personal care (PC) services"</b> means a range of support services that includes assistance with ADLs/IADLs, access to the community, and self-administration of medication or other medical needs, and the monitoring of health status and physical condition provided through the agency-directed model. Personal care services shall be provided by PCAs within the scope of their licenses or certifications, as appropriate.</p> <p><b>"Skilled private duty nursing services" or "skilled PDN"</b> means skilled in-home nursing services listed in the POC that are (i) not otherwise covered under the State Plan for Medical Assistance Services home health benefit; (ii) required to prevent institutionalization; (iii) provided within the scope of the Commonwealth's Nurse Practice Act and Drug Control Act (Chapters 30 (§ 54.1-3000 et seq.) and 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia, respectively); and (iv) provided by a licensed RN, or by an LPN under the supervision of an RN, to waiver members who have serious medical conditions or complex health care needs. Skilled nursing services are to be used as hands-on member care, training, consultation, as appropriate, and oversight of direct care staff, as appropriate.</p> <p><b>"Skilled private duty nursing respite care services"</b> means temporary skilled nursing services provided in the waiver individual's primary residence that are designed to relieve the</p>

unpaid primary caregiver on an episodic or routine basis for short periods or for specified longer periods of time.

**"Technology assisted waiver" or "tech waiver"** means the CMS-approved waiver that provides medically necessary covered services to individuals who are chronically ill or severely impaired, having experienced loss of a vital body function, and who require substantial and ongoing skilled nursing care to avert death or further disability and whose illness or disability would, in the absence of services approved under this waiver, require their admission for a prolonged stay in a hospital or specialized care nursing facility.

<b>Reimbursement Rates</b>	Reimbursement rates can be found on the DMAS website at <a href="http://www.dmas.virginia.gov/ltc-home.htm">www.dmas.virginia.gov/ltc-home.htm</a> .
<b>Number of Individuals Served (SFY 2015)</b>	363*
<b>Total Waiver Expenditures (SFY 2015)</b>	\$29,653,356*
<b>Average Cost Per Individual (SFY 2015)</b>	\$81,690*
<b>Regulatory Basis</b>	12VAC30-120-1700 et seq.
<b>Program Contacts</b>	Roberta Matthews, RN, Technology Assisted Waiver Lead Analyst at (804) 786-5419 or <a href="mailto:roberta.matthews@dmas.virginia.gov">roberta.matthews@dmas.virginia.gov</a> . Alternately, Steve Ankiel, Program Manager, Long-Term Care, at (804) 371-8894 or <a href="mailto:steve.ankiel@dmas.virginia.gov">steve.ankiel@dmas.virginia.gov</a> . The DMAS web site is <a href="http://www.dmas.virginia.gov">www.dmas.virginia.gov</a> .

*\*Cost-effectiveness Summary of Virginia's 1915(c) Home- & Community-Based Waivers SFY 2015 – Initial Reports*